

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

New Hampshire Republican State Committee

ADDRESS (number and street)

10 Water Street

☐Check if different
than previously
reported. (ACC)

Concord

NH

03301

4844

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00136457

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2008

through

03

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Scott

Signature of Treasurer

Electronically Filed by Robert Scott

Date

03

27

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Hampshire Republican State Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		36101.71
(b) Cash on Hand at Beginning of Reporting Period	122454.93	
(c) Total Receipts (from Line 19)	44092.06	173148.63
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	166546.99	209250.34
7. Total Disbursements (from Line 31)	40715.23	83418.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	125831.76	125831.76
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Hampshire Republican State Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1550.00	46307.21
(i) Itemized (use Schedule A)	7189.00	31721.69
(ii) Unitemized	8739.00	78028.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	29353.06	41953.06
(c) Other Political Committees (such as PACs)	38092.06	119981.96
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡		
12. Transfers From Affiliated/Other Party Committees	6000.00	53166.67
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44092.06	173148.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44092.06	173148.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	36007.06	60587.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	36007.06	60587.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	4708.17	22831.34
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	4708.17	22831.34
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40715.23	83418.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40715.23	83418.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	38092.06	119981.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38092.06	119981.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36007.06	60587.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36007.06	60587.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A.

Full Name (Last, First, Middle Initial)

Bryan Lord

Mailing Address 1197 Union Street

City

Manchester

State

NH

Zip Code

03104-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmberWave Systems Corp.

Occupation

Exex management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI-55972-62283-c

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John Hunt

Mailing Address 165 Sunridge Road

City

Rindge

State

NH

Zip Code

03461-5478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI-22436-62325-c

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sue Jones

Mailing Address PO Box 6010

City

Amherst

State

NH

Zip Code

03031-6010

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI11479162420c

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

1550.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 17

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A.

Full Name (Last, First, Middle Initial)

The Special Teams Committee JFC

Mailing Address PO Box 75103

City

Washington

State

DC

Zip Code

20013-0103

FEC ID number of contributing
federal political committee.**C** C00440883

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

29353.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	8

Transaction ID: SA11C-115084-62419-c

Amount of Each Receipt this Period

29353.06

see memo

SUBTOTAL of Receipts This Page (optional)

29353.06

TOTAL This Period (last page this line number only)

29353.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A.

Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address 310 1st Street SE

City State Zip Code
Washington DC 20003-1885

FEC ID number of contributing
federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2008

Transaction ID: SA12-77515-62314-c

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address 310 1st Street SE

City State Zip Code
Washington DC 20003-1885

FEC ID number of contributing
federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 21 / 2008

Transaction ID: SA12-77515-62409-c

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A.

Full Name (Last, First, Middle Initial)

603 Technology Services,

Mailing Address PO Box 537

City
Pembroke

State
NH

Zip Code
03275-0537

Purpose of Disbursement
IT consulting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼
Retire Debt -

Transaction ID: SB21B-8923-62357-e
Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address PO Box 789

City
Providence

State
RI

Zip Code
02901-0789

Purpose of Disbursement
Administrative/Salary/Overhead: taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼
Retire Debt -

Transaction ID: SB21B-13563-62368-e
Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

518.00

C.

Full Name (Last, First, Middle Initial)

Conway Office Products

Mailing Address PO Box 6060

City
Nashua

State
NH

Zip Code
03063-6060

Purpose of Disbursement
office supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼
Retire Debt -

Transaction ID: SB21B-103397-62359-e
Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

232.95

SUBTOTAL of Disbursements This Page (optional)

825.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A.

Full Name (Last, First, Middle Initial)

Direct Mail Systems

Mailing Address 12450 Automobile Boulevard

City
Clearwater

State
FL

Zip Code
33762-4427

Purpose of Disbursement
Fundraising: Fundraising mailings

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Retire Debt -

Transaction ID: SB21B-8921-62366-e

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

2956.18

B.

Full Name (Last, First, Middle Initial)

Hampshire Hills

Mailing Address 50 Emerson Road

City
Milford

State
NH

Zip Code
03055-3516

Purpose of Disbursement
banquet hall rental, catering fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Retire Debt -

Transaction ID: SB21B-115079-62360-e

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

19636.00

C.

Full Name (Last, First, Middle Initial)

One Communications

Mailing Address PO Box 9614

City
Manchester

State
NH

Zip Code
03108-9614

Purpose of Disbursement
phone service

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Retire Debt -

Transaction ID: SB21B-103396-62370-e

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

343.29

SUBTOTAL of Disbursements This Page (optional)

22935.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A.

Full Name (Last, First, Middle Initial)

Targeted Creative Comm

Mailing Address 801 N Fairfax Street
Suite 308

City Alexandria State VA Zip Code 22314-1775

Purpose of Disbursement

Paid phone calls

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

Retire Debt -

Transaction ID: SB21B-104662-62364-e

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1164.99

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement

Credit card bill

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

Retire Debt -

Transaction ID: SB21B-105317-62355-e

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1066.09

C.

Full Name (Last, First, Middle Initial)

Jeffrey Grappone

Mailing Address 152 Sutton Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

cell phone reimbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

Retire Debt -

Transaction ID: SB21B-107714-62363-e

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

453.91

SUBTOTAL of Disbursements This Page (optional)

2684.99

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

New Hampshire Republican State Committee

Retire Debt -

Retire Debt -

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address</p> <p>City State Zip Code 03301-6312</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Retire Debt -</p>	<p>Transaction ID: SB21B-3796-62386-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1354.40"/></p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Treasury</p> <p>Mailing Address</p> <p>City State Zip Code Cincinnati OH 45202</p> <p>Purpose of Disbursement estimated taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Retire Debt -</p>	<p>Transaction ID: SB21B-101786-62373-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1097.87"/></p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) St. Paul Travelers - Amd</p> <p>Mailing Address PO Box 3556</p> <p>City State Zip Code Orlando FL 32802-3556</p> <p>Purpose of Disbursement liability insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Retire Debt -</p>	<p>Transaction ID: SB21B-113773-62374-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="856.00"/></p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

3308.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A. Full Name (Last, First, Middle Initial) GE Capital	Transaction ID: SB21B-114083-62372-e Date of Disbursement																				
Mailing Address PO Box 642333	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	8												
City Pittsburgh State PA Zip Code 15264-2333	Amount of Each Disbursement this Period																				
Purpose of Disbursement copier lease Candidate Name	<table border="1"> <tr> <td colspan="10">241.39</td> </tr> </table>	241.39																			
241.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -																				
B. Full Name (Last, First, Middle Initial) Holiday Inn - Concord	Transaction ID: SB21B-113186-62455-e Date of Disbursement																				
Mailing Address 172 N Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	0	8												
City Concord State NH Zip Code 03301-5067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Room rental, catering fees Candidate Name	<table border="1"> <tr> <td colspan="10">1965.44</td> </tr> </table>	1965.44																			
1965.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -																				
C. Full Name (Last, First, Middle Initial) US Treasury	Transaction ID: SB21B-115091-62458-e Date of Disbursement																				
Mailing Address	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	8												
City State Zip Code 03301-5067	Amount of Each Disbursement this Period																				
Purpose of Disbursement estimated taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1132.86</td> </tr> </table>	1132.86																			
1132.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -																				

SUBTOTAL of Disbursements This Page (optional)

3339.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
credit card bill

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

Retire Debt -

Transaction ID: SB21B-108807-62457-e

Date of Disbursement

03 / 26 / 2008

Amount of Each Disbursement this Period

1712.58

B.

Full Name (Last, First, Middle Initial)

Allison Welch

Mailing Address 605 Silver Street
Apt. 1R

City
Manchester

State
NH

Zip Code
03103-4440

Purpose of Disbursement
employee reimbursement

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

Retire Debt -

Transaction ID: SB21B-103388-62456-e

Date of Disbursement

03 / 26 / 2008

Amount of Each Disbursement this Period

319.03

SUBTOTAL of Disbursements This Page (optional)

2031.61

TOTAL This Period (last page this line number only)

35806.45

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A.

Full Name (Last, First, Middle Initial)

Allison Welch

Mailing Address 605 Silver Street
Apt. 1R

City Manchester State NH Zip Code 03103-4440

Purpose of Disbursement
FEA 100% Federal: Performance bonus

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

Retire Debt -

Transaction ID: SB30b-103388-62365-e

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Peter Flynn

Mailing Address 22 N Spring Street
Apt. 2

City Concord State NH Zip Code 03301-3919

Purpose of Disbursement
FEA 100% Federal: salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

Retire Debt -

Transaction ID: SB30b-103393-62383-e

Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

1184.25

C.

Full Name (Last, First, Middle Initial)

Michael Hamilton

Mailing Address 79 Prospect Street
2

City Manchester State NH Zip Code 03104-3617

Purpose of Disbursement
FEA 100% Federal: salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☒ Other (specify) ▼

Retire Debt -

Transaction ID: SB30b-115080-62385-e

Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

1261.96

SUBTOTAL of Disbursements This Page (optional)

3446.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Hampshire Republican State Committee

A.

Full Name (Last, First, Middle Initial)

Allison Welch

Mailing Address 605 Silver Street
Apt. 1R

City Manchester State NH Zip Code 03103-4440

Purpose of Disbursement
FEA 100% Federal: salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Retire Debt -

Transaction ID: SB30b-103388-62384-e

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1261.96

SUBTOTAL of Disbursements This Page (optional)

1261.96

TOTAL This Period (last page this line number only)

4708.17